



TENNESSEE BUREAU OF INVESTIGATION LEVEL I SECURITY CLEARANCE APPLICATION

PURPOSE, USE, AND EFFECTS OF NON-DISCLOSURE OF INFORMATION:

Your Social Security Account Number (SSAN) is requested for the purpose of possible access to school records, credit reports, medical records and other information on you that might be filed by SSAN and which would be part of any background investigation that might be conducted. Furnishing your SSAN is optional and is not required by state or federal statute.

Because this application requests both optional and mandatory data, it is in your best interest to fully and truthfully answer all questions. A false answer to a question in the application may be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All information you give will be considered in reviewing your application.

INSTRUCTIONS AND INFORMATION

GENERAL: This information has been prepared for your aid in completing the application. Each question must be answered. If there are questions that are not applicable to you, please indicate this fact by the notation "N/A" in the appropriate space. If additional space is needed for any section or question on the application, or if you wish to furnish additional information, attach sheets of the same size as this application and number your answers to correspond to the questions.

The application should be typed or completed in black ink and must be clear and legible. Where necessary, in order to provide a complete answer, additional 8 ½" x 11" sheets can be attached specifying continuation of a particular block of information.

COMMON AREAS OF OMISSION: We find that some applicants exclude middle names of relatives, personal references, and acquaintances. If a person does not have a middle name, indicate (NMN), meaning no middle name. If you are unable to furnish complete information concerning your relatives or acquaintances, give sufficient explanation. Nicknames should not be used.

If you have ever served in the Armed Forces, indicate in Part II by each address if you lived on or off base, including overseas tours. If you have a relative currently in the military, indicate complete address, including Military Serial Number, branch of service, and whether or not his/her residence is on or off base.

Mail your completed application and attachments to the address below (unless instructed otherwise):

Tennessee Bureau of Investigation
901 R.S. Gass Boulevard
Nashville, TN 37216-2639

PLEASE DETACH THIS SHEET PRIOR TO SUBMITTING APPLICATION

TENNESSEE BUREAU OF INVESTIGATION

LEVEL I SECURITY CLEARANCE APPLICATION

Date:		Position applying for:	
I. PERSONAL HISTORY			
1. Name in Full (Last, First, Middle)		2. List all other names you have used, including nicknames. If female, furnish maiden names. If you have ever used any surnames other than your true name, during what period and what circumstances were those names used? If you have ever legally changed your name, give date, place and court.	
3. Birth Date (Month, Day, Year)		4. Place of Birth	
5. Age	6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Social Security Number	8. Driver License Number (State)
9. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widowed		10. Number of Children	
State date, place, and reason for all separations, divorces, or annulments. _____ _____			
11. Citizenship a. Present citizenship (country) _____ c. Date and place naturalized _____ b. Citizenship acquired by <input type="checkbox"/> Marriage <input type="checkbox"/> Naturalization d. Naturalization Certificate Number _____			

II. RESIDENCES

Current Address			
Street Address		Apt. No.	
City		State Zip Code	
Legal County of Residence _____			
Home Phone _____ Area Code Number			
Work Phone _____ Area Code Number			
In the event this information becomes invalid, indicate the name and phone number of a relative through whom you may be reached or who could furnish your current address and phone number. _____ Name Relationship Telephone Number			

Appliant must list all residences since high school. Include address while at college and in military, as well as family-owned vacation homes. For college on-campus residences, give dorm name, city, and state. If residences in military service cannot be shown as street address, indicate complete military unit designation and location by city, state, and country. If post office box, give location of post office.

From (Month/Year)	To (Month/Year)	Apt. No.	Street Address	City	State

III. EDUCATION

1. High School			
Name of High School/Issuer of GED	Address (City, State)	Years Attended	Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No

2. College or University (Attach certified transcript in sealed envelope)					
Name and location of College or University	Subject		Years Attended From-To	Degree Received	GPA
	Major	Minor			
a.					
b.					
c.					

3. Specialized Schools				
Name and Address of School	Study or Specialization	From	To	
a.				
b.				

IV. EMPLOYMENT HISTORY

Note: LIST MOST RECENT EMPLOYMENT FIRST. Include chronological history of employment starting with current or most recent position. Account for all periods, including casual employment and all periods of unemployment. Be sure to include military experience, if applicable. If additional space is needed, attach additional sheets using same format.

1. Name & Address of Employer	Dates Employed		Salary/Earnings	Average No. hrs/wk.	Place of Employment
	From	To	Starting	<input type="checkbox"/> Full-time _____ <input type="checkbox"/> Part-time _____	City: _____
	Mo/Yr	Mo/Yr	\$ _____/mo. Ending \$ _____/mo.		State: _____ Phone: _____
Exact Title of Your Position		Name of Immediate Supervisor _____ Phone Number: () - _____			Reason for Leaving
Description of work. (Describe specific duties, including supervisory, managerial, or scientific professional experience.) <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>					
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes to the above question concerning disciplinary action during previous employment, provide a detailed description of the events. <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>					
2. Name & Address of Employer	Dates Employed		Salary/Earnings	Average No. hrs/wk.	Place of Employment
	From	To	Starting	<input type="checkbox"/> Full-time _____ <input type="checkbox"/> Part-time _____	City: _____
	Mo/Yr	Mo/Yr	\$ _____/mo Ending \$ _____/mo		State: _____ Phone: _____
Exact Title of Your Position		Name of Immediate Supervisor _____ Phone Number: () - _____			Reason For Leaving
Description of work. (Describe specific duties, including supervisory, managerial, or scientific professional experience.) <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>					
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes to the above question concerning disciplinary action during previous employment, provide a detailed description of the events. <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div>					

3. Name and Address of Employer	Dates Employed		Salary/Earnings Starting \$_____/mo Ending \$_____/mo	Average No. hrs./wk. <input type="checkbox"/> Full-time _____ <input type="checkbox"/> Part-time _____	Place of Employment
	From Mo/Yr	To Mo/Yr			
Exact Title of Your Position		Name of Immediate Supervisor _____ Phone Number: () -		Reason for Leaving	
Description of work. (Describe specific duties, including supervisory, managerial, or scientific professional experience.) _____ _____ _____					
While employed, did you face any type of disciplinary action, i.e. suspension, reprimands, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes to the above question concerning disciplinary action during previous employment, provide a detailed description of the events. _____ _____					

V. MILITARY RECORD

1. Are you registered for Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Location (City and State)	
2. Have you ever served on active duty in the Armed Forces of the United States. <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Branch of Military Service:	
4. Type of Discharge Basis:	5. Dates of active duty (month, day, year) From: To:
6. Member of Reserve <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Ready Reserve <input type="checkbox"/> Standby Branch of Service?	
7. Was any type of disciplinary action taken against you in the service? Be sure to include nonjudicial punishment(s) if applicable. <input type="checkbox"/> Yes <input type="checkbox"/> No Details: _____ _____ _____	

VI. ORGANIZATIONAL MEMBERSHIP

1. Are you now, or have you ever been a member of any club, society, or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list below: Do not abbreviate.				
Name	City, State	Former	Present	If Present, List Position & Extent of Activity

VII. SPECIAL QUALIFICATIONS AND SKILLS

1. Do you have foreign language ability <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate your proficiency in each phase of each foreign language, listed as "slight," "good," or "fluent."				
Name of Language	Speak	Understand	Read	Write

2. Are you a member of the bar? ☐ Yes ☐ No Date _____ State(s) _____

3. Are you a CPA? ☐ Yes ☐ No Date _____ State(s) _____

4. Are you a licensed pilot? ☐ Yes ☐ No Ratings held: _____

5. Please list any other licenses or certifications you possess: _____

6. Have you ever been the subject of a complaint to any regulatory board concerning a license that you hold or have held? ☐ Yes ☐ No
Details: _____

VIII. COURT RECORD

Have you **EVER**:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Been arrested, cited, or detained by any law enforcement officer (including military officers)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Been charged with committing any crime or offense as a juvenile or adult? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Been convicted/found to have committed, pled guilty, or plead no contest to any crime or juvenile offense? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Been placed in an alternative sentencing or rehabilitative program as a juvenile or adult
(For example: diversion, deferred prosecution, withheld adjudication)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Received a suspended sentence, been placed on probation, or been paroled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Been in Jail, Prison, or Juvenile or Youth Detention Facility? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Been charged with DUI or DWI? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Been included on an abuse registry? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Been the subject of a protection order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Had any member of your immediate family convicted of a crime other than minor traffic violations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Have you ever entered a guilty plea, including a conditional guilty plea, to a charge that was ultimately dismissed and/or expunged through a diversionary or other program such as judicial diversion, conviction expunction or expunction of pardon, either in the state of Tennessee or in any other jurisdiction? If so, please state your version of the facts of the charge for which you were arrested, the jurisdiction where the arrest occurred, and the disposition of the case, including the court of disposition and case number (if known). | | |
| | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered "YES" to any of questions 1-11, complete the following table: (if you need more space, use a separate sheet)

Date	Place & Department	Charge	Court & Place	Disposition	Details
Relatives' Names	Place & Department	Date & Charge	Court & Place	Disposition	Details

12. Have you ever been a plaintiff or defendant in a court action? ☐ Yes ☐ No If yes, complete the following table: (if you need more space, use a separate sheet)

Date	Place	Court	Name of Parties Involved	Nature of Action	Final Disposition

IX. REFERENCES AND SOCIAL ACQUAINTANCES

Give at least four references (not relatives, former or present employers, fellow employees, or school teachers) who are responsible adults of reputable standing in their communities, such as property owners, business or professional men or women who have known you well for at least five years, preferably those who have known you during the past five years. If retired, give former occupation.

Complete Name (Last, First, Middle)		Home address: _____ Home Phone: Area Code (____) _____ Business Address: _____
Yrs. Acq:	Occupation:	Business Phone: Area Code (____) _____
Complete Name (Last, First, Middle)		Home address: _____ Home Phone: Area Code (____) _____ Business Address: _____
Yrs. Acq:	Occupation:	Business Phone: Area Code (____) _____
Complete Name (Last, First, Middle)		Home address: _____ Home Phone: Area Code (____) _____ Business Address: _____
Yrs. Acq:	Occupation:	Business Phone: Area Code (____) _____
Complete Name (Last, First, Middle)		Home address: _____ Home Phone: Area Code (____) _____ Business Address: _____
Yrs. Acq:	Occupation:	Business Phone: Area Code (____) _____
Complete Name (Last, First, Middle)		Home address: _____ Home Phone: Area Code (____) _____ Business Address: _____
Yrs. Acq:	Occupation:	Business Phone: Area Code (____) _____

List social acquaintances (including both sexes) who have known you well. Preferably those who have known you during the past five years.

Complete Name (Last, First, Middle)		Home address: _____
		Home Phone: Area Code (____) _____
Yrs. Acq:	Occupation	Business Address: _____
		Business Phone: Area Code (____) _____
Complete Name (Last, First, Middle)		Home address: _____
		Home Phone: Area Code (____) _____
Yrs. Acq:	Occupation	Business Address: _____
		Business Phone: Area Code (____) _____
Complete Name (Last, First, Middle)		Home address: _____
		Home Phone: Area Code (____) _____
Yrs. Acq:	Occupation	Business Address: _____
		Business Phone: Area Code (____) _____
Complete Name (Last, First, Middle)		Home address: _____
		Home Phone: Area Code (____) _____
Yrs. Acq:	Occupation	Business Address: _____
		Business Phone: Area Code (____) _____

X. RELATIVES

All applicants must give complete information concerning their relatives. If you have been married more than once, give the requested information about each former husband/wife. Furnish similar information, including date and place of action, for any members of your immediate family who have been divorced. Even though the relative is deceased, give all the information requested, and indicate last residence and year of death. Include stepbrothers and sisters, half brothers and sisters. If you or your spouse has stepparents, legal guardians, or others who have reared you instead of your parents, the requested information should be furnished concerning them, as well as your real parents. If you are engaged to be married or contemplating marriage in the near future, complete information must be included (Sections 3, 13, and 14 below) regarding your future husband/wife, and clearly show that such relationship is a future one.

1. FATHER		2. MOTHER	
Name: Last, First, Middle Address:		Name: Last, First, Middle Address:	
Social Security Number		Social Security Number	
Name and Phone Number of Firm Where Employed		Name and Phone Number of Firm Where Employed	
Date of Birth	Place of Birth	Date of Birth	Place of Birth
3. SPOUSE		4. FORMER SPOUSE	
Name: Last, First, Middle Address:		Name: Last, First, Middle Address:	
Social Security Number		Social Security Number	
Name and Phone Number of Firm Where Employed		Name and Phone Number of Firm Where Employed	
Date of Birth	Place of Birth	Date of Birth	Place of Birth

5. CHILD	6. CHILD
Name: Last, First, Middle Address:	Name: Last, First, Middle Address:
Social Security Number	Social Security Number
Name and Phone Number of Firm Where Employed	Name and Phone Number of Firm Where Employed
Date of Birth Place of Birth	Date of Birth Place of Birth
7. CHILD	8. CHILD
Name: Last, First, Middle Address:	Name: Last, First, Middle Address:
Social Security Number	Social Security Number
Name and Phone Number of Firm Where Employed	Name and Phone Number of Firm Where Employed
Date of Birth Place of Birth	Date of Birth Place of Birth
9. BROTHER (including Step or Half-Brother)	10. BROTHER (including Step or Half-Brother)
Name: Last, First, Middle Address:	Name: Last, First, Middle Address:
Social Security Number	Social Security Number
Name and Phone Number of Firm Where Employed	Name and Phone Number of Firm Where Employed
Date of Birth Place of Birth	Date of Birth Place of Birth
11. SISTER (including Step or Half-Sister)	12. SISTER (including Step or Half-Sister)
Name: Last, First, Middle Address:	Name: Last, First, Middle Address:
Social Security Number	Social Security Number
Name and Phone Number of Firm Where Employed	Name and Phone Number of Firm Where Employed
Date of Birth Place of Birth	Date of Birth Place of Birth

13. OTHER INDIVIDUALS WITH WHOM YOU HAVE RESIDED OVER A PERIOD OF 30 DAYS OR MORE. Indicate relationship. Include college roommates. Name: Last, First, Middle Address:	14. OTHER INDIVIDUALS WITH WHOM YOU HAVE RESIDED OVER A PERIOD OF 30 DAYS OR MORE. Indicate relationship. Include college roommates. Name: Last, First, Middle Address:
Social Security Number	Social Security Number
Name and Phone Number of Firm Where Employed	Name and Phone Number of Firm Where Employed
Date of Birth Place of Birth	Date of Birth Place of Birth
19. OTHER INDIVIDUALS WITH WHOM YOU HAVE RESIDED OVER A PERIOD OF 30 DAYS OR MORE. Indicate relationship. Include college roommates. Name: Last, First, Middle Address:	20. OTHER INDIVIDUALS WITH WHOM YOU HAVE RESIDED OVER A PERIOD OF 30 DAYS OR MORE. Indicate relationship. Include college roommates. Name: Last, First, Middle Address:
Social Security Number	Social Security Number
Name and Phone Number of Firm Where Employed	Name and Phone Number of Firm Where Employed
Date of Birth Place of Birth	Date of Birth Place of Birth

XI. RELATIVES EMPLOYED BY THE GOVERNMENT

List the complete names of any close relatives (including in-laws) who are employed by the Federal or State Government.

Complete Name	Relation	Agency by Which Employed	Location

XII. FRIENDS OR ACQUAINTANCES EMPLOYED BY ANY LAW ENFORCEMENT AGENCY

Complete Name	Location	Length of Acquaintance

XIII. PHYSICAL DATA (NOT APPLICABLE FOR NON-COMMISSIONED POSITIONS)

1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire a handgun, shotgun, machine gun?
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Drive a car?
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Run 1 ½ miles?
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do push-ups?
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do sit-ups?
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do flexible exercises?

XIV. PERSONAL DECLARATIONS

1. Do you or have you ever used alcohol or any other intoxicants? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. If so, to what extent?
3. Do you use or have you ever used such items as marijuana, hashish, cocaine, LSD, amphetamines, heroin, or any other illegal controlled substances? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. If answer to Question 3 above is Yes, complete the following items for each drug used: a. Drug _____ b. How taken _____ c. Circumstances _____ d. How many times used _____ e. First time used _____ Last time used _____	
5. Have you ever declared, or are you about to declare bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date, location, and circumstances. _____ _____	
6. Are you now or have you ever been delinquent in payment of alimony or child support <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide date, location, and circumstances. _____ _____	
7. List the names of Federal, state, or local departments, agencies or offices (including law enforcement) to which you have applied for employment, including date and status of application. _____ _____	
8. If to your knowledge any of the above has conducted an investigation of you, indicate the name of the agency and the approximate date of the investigation. _____ _____	
9. What are your feelings about the use of deadly force if it became necessary in the performance of your official duties? <u>(NOT APPLICABLE FOR NON-COMMISSIONED POSITIONS)</u> _____ _____	
10. List the names of all social media networking sites, websites, gaming websites or blogs you are currently a member of, administer, maintain or post on regularly (i.e. Facebook, Twitter, MySpace, YouTube etc...) for personal or professional use. Also, list your user/profile names you currently use for each. _____ _____ _____	
11. An investigation will be conducted of all information listed on this application. Because of this, are you aware of any information about yourself or any person that you are or have been closely associated (including relatives and roommates) which might tend to reflect unfavorably on your reputation, morals, character, ability or loyalty to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe below or attach a separate piece of paper, appropriately numbered, giving your version of this/these incidents. _____ _____ _____	

I understand that this application is not for employment with the TENNESSEE BUREAU OF INVESTIGATION. This application is for a SECURITY CLEARANCE ONLY. All statements I have made in this Security Clearance Application are true and I understand that any false statement in the application will preclude me from a security clearance and may be grounds for not being selected for employment, or being dismissed after beginning work. All statements are subject to investigation, including a check of my fingerprints, police records, former employers, and references.

Signature

Date

Witness

Date



Tennessee Bureau of Investigation

Authorization For Release of Information

I _____, do hereby authorize a review and full disclosure of all records concerning myself to any duly authorized Agent of the Tennessee Bureau of Investigation, whether the said records are of a public, private, or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including records of loans, records of commercial or retail credit agencies (including credit reports and/or ratings); and other financial statements and records wherever filed; medical and psychiatric treatment; employment or pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me; complete military records to include any disciplinary action, and nature of discharge; and records or lawsuits, criminal or civil including all criminal history information, juvenile arrest and/or adjudication information, if applying for a commissioned position all expungement information, in which I presently have, or have had, an interest.

I also certify that any person who may furnish such information concerning me shall not be held responsible for giving this information; and I do hereby release said persons from any and all liability which may be incurred as a result of furnishing such information. I further release the Tennessee Bureau of Investigation and the State of Tennessee from any and all liability that may be incurred as a result of collecting such information.

I have read and fully understand the contents of this Authorization for Release of Information.

Print Full Name of Applicant
(Include maiden name, if applicant)

Address _____

Signature

Phone Number

Witness

Date of Birth

Date

SSN



TENNESSEE BUREAU OF INVESTIGATION

Credit Report Disclosure

NOTICE OF RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

15 United States Code Sec. 1681b(B)(2) states as follows:

- (2) Disclosure to consumer – A person may not procure a consumer report, or cause a consumer report to be procured, for employment purposes with respect to any consumer, unless –
 - (A) a clear and conspicuous disclosure has been made in writing to the consumer at any time before the report is procured or caused to be procured, in a document that consists solely of the disclosure, that a consumer report may be obtained for employment purposes; and
 - (B) the consumer has authorized in writing the procurement of the report by that person.

15 United States Code Sec. 1681b(B)(3) states as follows:

- (3) Conditions on use for adverse actions – In using a consumer report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates –
 - (A) a copy of the report; and
 - (B) a description in writing of the rights of the consumer under this subchapter, as prescribed by the Federal Trade Commission under section 1681g(c)(3) of this title.

The Tennessee Bureau of Investigation may seek to obtain your consumer credit report as part of a background investigation and/or during the employment process. Pursuant to the above statute, be advised that you are entitled to notice (via this document) before the TBI may obtain your consumer credit report. In addition, you must voluntarily complete the attached form authorizing the TBI to obtain a copy of your consumer credit report before the TBI can obtain a copy of that report.

If adverse action is taken in whole or part as a result of review of the report, you will be provided with a copy of that report and a description in writing of your rights under the above statute.



Tennessee Bureau of Investigation Credit Report Release

AUTHORIZATION FOR TBI TO OBTAIN CONSUMER CREDIT REPORT

I have read the statement of my rights under the Fair Credit Reporting Act on the TBI Credit Report Disclosure form. I understand that the Tennessee Bureau of Investigation must provide me with a conspicuous disclosure that a consumer credit report may be obtained for employment purposes, and that TBI must secure my written permission before procuring a copy of my consumer credit report to review for employment.

I hereby authorize the Tennessee Bureau of Investigation to obtain a copy of my consumer credit report to be considered in connection with a background investigation that is being conducted for employment purposes. This authorization is given freely and voluntarily.

Prospective Employee/Background Subject

Date